

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/08/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT Myelogram Lumbar with standing flex/extension x-rays 1mm cuts through L4-5

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds the proposed CT Myelogram Lumbar with standing flex/extension x-rays 1mm cuts through L4-5 is not indicated as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination
Reconsideration determination
Referral form
History and physical
Lumbosacral spine x-rays
Operative report
Letter to IRO/myelogram rationale
Reconsideration request
Workers' Compensation verification form

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female. Records indicate the claimant failed a course of conservative care and underwent lumbar laminectomy and posterior fusion L4-5. Claimant was seen with chief complaint of low back pain. Pain is associated with right leg pain and left leg pain. Physical examination revealed weakness in the right lower extremity, and decreased sensation on the right L4, L5 and S1 distribution. Achilles reflex was diminished on the right. Straight leg raise was positive on the right. CT myelogram was recommended to rule out L4-5 non-union and also rule out a new L5-S1 HNP.

A request for CT myelogram lumbar with standing flex/extension x-rays 1mm cuts through L4-5 was non-certified on utilization review. The reviewer discussed the case with Dr. who noted that an MRI was performed but the formal report was not available. Lumbar x-rays were discussed. Dr. stated the MRI did not provide sufficient information. CT myelogram and flexion extension films were ordered to determine if there is a pseudoarthrosis and to see if there is a new disc herniation at L5-S1. Adverse determination was recommended, as it was not clear why pseudoarthrosis is suspected. There was no mention of any question regarding the presence of fusion on prior imaging in flexion extension films did not show any motion. There was evidence of MRI being performed but it was unknown who ordered the study or why it was ordered. Formal MRI report was not provided.

A reconsideration request for CT myelogram lumbar with standing flex/extension x-rays 1mm cuts through L4-5 was denied on utilization review. It was noted the claimant is status post L4-5 fusion. The claimant has completed a work hardening program, and also attended a chronic pain management program. X-rays of the lumbosacral spine with flexion extension views were performed and reported no significant change in appearance with post-surgical changes noted at L4-5 and no evidence of hardware failure/complications and no change in the degree of subluxation seen with flexion, extension or lateral bending. Reference was made to MRI but no radiology report was provided. There was no indication of pseudoarthrosis/non-union on plain films and medical necessity is not established for CT myelogram of the lumbar spine with flexion extension views.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Claimant sustained an injury to the low back and subsequently underwent instrumented fusion at the L4-5 level. She continued to complain of low back pain, associated with right leg pain and left leg pain. According to Dr., he suspected the claimant's symptoms were related to a non-union and he requested CT myelogram to rule out L4-5 non-union and also rule out new L5-S1 HNP for surgical planning. However, plain radiographs noted no change in degree of subluxation with flexion, extension or lateral bending. There has been no significant change in the appearance of the lumbar spine. The reviewer finds the proposed CT Myelogram Lumbar with standing flex/extension x-rays 1mm cuts through L4-5 is not indicated as medically necessary per Official Disability Guidelines, and previous denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)